

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Spine PAC of the National Association of Spine Specialists

ADDRESS (number and street) 7075 Veterans Blvd.

Check if different than previously reported. (ACC) Burr Ridge IL 60527

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00349225

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 05 / 01 / 2015 through [MM] / [DD] / [YYYY] 05 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Eric J. Muehlbauer

Signature of Treasurer Mr. Eric J. Muehlbauer [Electronically Filed] Date 06 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="88431.59"/>	<input type="text" value="88431.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="95206.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4735.00"/>	<input type="text" value="23010.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99941.59"/>	<input type="text" value="111441.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="20500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="90941.59"/>	<input type="text" value="90941.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2015 To: M M / D D / Y Y Y Y 05 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4585.00	21605.00
(ii) Unitemized	150.00	1405.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4735.00	23010.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4735.00	23010.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4735.00	23010.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4735.00	23010.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	20500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9000.00	20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	20500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4735.00	23010.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4735.00	23010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Spine PAC of the National Association of Spine Specialists

A. Dr. Alan B. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9830 NE 14th St.
 City Bellevue State WA Zip Code 98004-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : SA11AI.8141
 Amount of Each Receipt this Period
 500.00

B. Dr. Alan S. Hilibrand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 N Latches Ln
 City Station State PA Zip Code 19066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician
 Rothman Institute
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : SA11AI.8138
 Amount of Each Receipt this Period
 1000.00

C. Wellington Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 N Saint Clair St Ste 1350
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Surgeon
 Northwestern University
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.8142
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Spine PAC of the National Association of Spine Specialists

A. Mr. Eric J. Muehlbauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7075 Veterans Blvd.
 City Burr Ridge State IL Zip Code 60527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Spine Society Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 21 / 2015**
Transaction ID : SA11AI.8137
 Amount of Each Receipt this Period **250.00**

B. Dr. Heidi Prather DO
 Full Name (Last, First, Middle Initial)
 Mailing Address One Barnes-Jewish Hospital Plaza D
 City St. Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ. School of Med Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 21 / 2015**
Transaction ID : SA11AI.8139
 Amount of Each Receipt this Period **1000.00**

C. Dan Resnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Highland Dept Neurosurgery K4/834 Clinical Science Ctr
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Medica Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 21 / 2015**
Transaction ID : SA11AI.8140
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Spine PAC of the National Association of Spine Specialists

A. Seyed Rezaian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8677 Wilshire Blvd
 City State Zip Code
 Beverly Hills CA 90211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 California Orthopaedic Medical Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11AI.8134
 Amount of Each Receipt this Period
 250.00

B. Dr. Perry L. Savage
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Medical Park Dr E Ste 115
 City State Zip Code
 Birmingham AL 35235-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Orthopedic & Spine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : SA11AI.8133
 Amount of Each Receipt this Period
 250.00

C. Dr. David A. Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 Stonecrop Way
 City State Zip Code
 Golden CO 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Denver Spine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : SA11AI.8131
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	585.00
TOTAL This Period (last page this line number only).....▶	4585.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: WY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SB23.8160

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SB23.8158

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SB23.8155

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial)

A. FRANK JR PALLONE

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SB23.8149

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RAUL DR. RUIZ

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SB23.8162

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN M SHIMKUS

Mailing Address 504 SUMNER BOULEVARD

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : SB23.8144

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial)

A. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : SB23.8147

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

9000.00